

Am I My Child's Keeper? Grandmothers' Relationships with their Children While They Act as
Caregivers to their Grandchildren

Thesis

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Abstract

This thesis explores the relationship dynamics between grandmothers who act as kinship caregivers for their grandchildren and the biological parents who have given up or lost custody of these children. As of 2015, there are nearly 2 million grandmother kinship caregivers in the United States (US Census Bureau, 2015). This study implements a narrative approach and a mixed-methods research design, consisting of two surveys followed by an individual interview with current grandmother kinship caregivers ($N = 7$). The surveys describe the caregivers' wellbeing and demographics, while the interviews focus on the following topics: general nature of the grandparent-parent relationship, changes in this relationship, feelings towards the parent, parenting role, services accessed or needed, and the impact of this relationship on the grandchild. Thematic coding was used to analyze each interview and highlight different areas of strength or need as expressed by the participants. Results indicate that the grandmothers have a strong influential presence over their adult child, feel conflicted over whether to prioritize the safety of their grandchild over the safety of their adult child, and were hesitant to use the word "anger" when expressing their feelings. All participants acknowledged the lack of resources available to support their relationships with the birth parent; however, the need for such services was not a high priority for them. Given the number of grandmothers who are kinship caregivers, their strengths and needs continue to be an important discussion in child welfare.

Dedication

I would like to dedicate this thesis to my grandmother, Retta Orkish, who was a kinship caregiver to my cousin for nearly all of my childhood.

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I would like to thank my advisor, Dr. Denise Bronson, for being a huge support and educational resource for me while writing this thesis. I would also like to thank the faculty and staff of the College of Social Work at The Ohio State University, as well as the staff at Clintonville-Beechwold Community Resource for their immense help with participant recruitment. Lastly, I would like to thank my family and friends for their continued support and interest in the progress of this project.

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Fields of Study

Major Field: Social Work

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Table of Contents

Abstract	iv
Dedication	v
Acknowledgements	vi
Curriculum Vitae	vii
Chapter 1: Statement of Research Topic	1
Chapter 2: Literature Review	5
Chapter 3: Methodology	10
Chapter 4: Results	19
Chapter 5: Discussion	39
References	43
Appendices	47

List of Illustrations

Table 1: Participant Demographics	20
Table 2: Context of Caregiving	22
Table 3: Analysis by Individual Item and Theme	24
Table 4: Analysis by Category	25

Chapter 1: Statement of Research Topic

Introduction

Kinship care is the formal or informal arrangement where a relative or close family friend assumes the role of primary caregiver for a youth who would have otherwise entered foster care. This type of arrangement gained popularity amongst child welfare workers in the 1980s and 1990s when studies began to show better outcomes for kinship youth than for foster youth (Andersen & Fallesen, 2015; Cuddeback, 2004). These outcomes include better academic performance, fewer behavioral outbursts, better mental and physical health scores, fewer disruptions, and stronger connections to birth cultures (Broad, Hayes, & Rushforth 2001; Farmer, 2009; Mosek & Adler, 2001; Rubin et al., 2008; Sakai, Lin & Flores, 2011; Winokur, Holtan, & Batchelder, 2014; Winokur, Holtan, & Valentine, 2009). While the improved outcomes for youth signal a step forward for the field of social work, there have been very few studies on the *caregivers* of these youth.

The most common kinship caregiver is the grandmother who is raising her grandchild, and there were nearly 2 million kinship grandmothers in the United States as of 2015 (US Census Bureau). This estimate is likely even larger considering that many kinship grandmothers have informal arrangements, meaning the child's move out of the birth-home was handled internally within the family and was not declared through a children's service agency. Informal kinship care is much harder to track; thus, the given population estimate is likely larger than 2 million once the different types of caregiving arrangements are considered.

With this many kinship grandmothers out there, it is concerning how little research has been completed on their wellbeing. The small amount of existing literature focuses mainly on

kinship caregivers' financial, health, and legal needs; and tends to view grandmothers mainly as instruments of protection and wellbeing of their grandchildren. The goal of this study, on the other hand, is to explore kinship grandmothers as individuals with their own unique stories, strengths, and needs. In particular, this study focuses on the relationship dynamics between grandmother kinship caregivers and their adult, biological child (i.e. the birth parent of the grandchild).

Statement of the Problem

While foster parents have little contact with birth parents and weak allegiances to them, kinship grandmothers often have ongoing relationships and contact with the birth parent of their grandchild. For the grandmother, the birth parent is often the perpetrator of the negative action that resulted in the grandchild's removal from the home; however, the birth parent is *also* the child the grandmother gave birth to years ago whom she loved and may always love. This relationship is an extremely unique and strange phenomenon, and it is one the grandmother often navigates alone without the help of any social services.

Furthermore, the relationship is only briefly mentioned in studies and with conflicting interpretations. Some research finds that the relationship is a stressor for grandparents (Barnard, 2003; Marx & Miller, 2001), while other research concludes that the relationship actually helps stabilize the placement (Rubin et al., 2008). These findings hint at the fragility of the grandparent-parent relationship—it could either be helpful or harmful to the placement. Social workers should strive to understand which factors influence each possibility and strive to provide services that will help promote positive outcomes.

As with the information about the dynamics of the relationship, there is also sparse information about which services help or hurt this relationship. Out of 182 participants in a 2006 study, 22% stated that they accessed a counseling service; however, there is no further information in that study about what type of counseling was utilized, if there was family participation, or whether the grandmother even found the counseling to be helpful (Levin et al., 2006). Another study states that 5.2% of participants accessed peer support groups, but there is no information about family engagement in services (Sakai et al., 2011). Kiraly and Humphreys (2013) believe that support is assigned a low priority in studies about kinship care, and many kinship caregivers are expected to deal with this relationship unassisted (Farmers & Moyers, 2008; Hunt, Waterhouse & Lutman, 2010; Palacios & Jimenez, 2009; Paxman, 2006). Furthermore, Scannapieco and Jackson (1998) specifically stated that social workers should assess the grandmother-birthparent relationship.

More research on this topic is vital because positive family dynamics could ultimately strengthen the quality of life for all parties involved: grandchild, birth parent, *and* grandmother. Reunification is more likely for children if parents and grandparents cooperate (Testa & Slack, 2002), birth parents themselves have expressed a desire for support to help heal their relationship with their parents (Kiraly & Huphreys, 2013), and conflict in the grandparent-parent relationship is a contributing factor to grandparents' negative wellbeing (Barnard, 2003; Dunne & Kettler, 2008; Marx & Miller, 2001). Considering that a stronger grandparent-parent relationship may improve the wellbeing of all members of the kinship arrangement, researchers should dedicate more attention to learning about the dynamics of it.

Purpose of the Study

This project studies the relationship dynamics between grandmother kinship caregivers and the grandchild's birth parents, who have given up or lost custody of their child(ren) due to their drug addictions, neglectful or abusive parenting, or incarcerations. Its specific aims are to explore the relationship between grandmother kinship caregivers and their adult children, and to describe supports and stressors to this relationship.

Since information on the grandparent-parent relationship in kinship care is scarce, this study utilizes an exploratory approach to research. The findings could ultimately help inform best practice for service delivery in kinship care. More service delivery focused on family dynamics could lead to better outcomes for not only the grandchild— as most other studies have focused on— but also for the grandmother, birth parent, and within their relationship with each other.

Chapter 2: Literature Review

Caregiver Characteristics

Grandparents are the most common kinship caregivers. As of 2015, the US Census Bureau reported that 2,685,185 grandparents were responsible for their grandchildren; of this amount, 1,677,350 were grandmothers (US Census Bureau, 2015). Information was also collected on the length of time these grandparents—including grandfathers—had been caring for their grandchild, and the results were as follows: 7.7% had been caregivers for less than 1 year, 8.4% for 1 to 2 years, 6.2% for 3 to 4 years, and 15% for 5 or more years (US Census Bureau, 2015). These numbers show a trend of longer term placements in kinship care. Parental substance abuse is the most common reason grandparents assume the role of primary caregiver for their grandchildren, along with child abuse, neglect, or abandonment (Gleeson et al., 2009; Child Welfare Information Gateway, 2016; Heywood, 1999).

In an analysis of data collected from 1,070 participants in Florida, most of the kinship caregivers were 50 to 59 years old, and more participants were single than married. The majority of participants were Caucasian and slightly less were African American—however, when compared to foster parents, kinship parents are more likely to be African American (Kroll, 2007). The most striking data produced from this study, however, are the kinship caregivers' education, employment, and financial statuses: 18.7% of did not have a high school degree, 43.1% were unemployed, and 36% earned less than \$10,000 a year (Strozier & Krisman, 2007).

While this demographic data is helpful in creating a picture of the kinship grandmother, it is important to note that this study focused only on one region of the country and recruited all its participants through the Kinship Care Warmline, which is a statewide phone line that provides

support and information to those who call in. Nonetheless, the study does have a unique strength in that both formal *and* informal caregivers could call in to the phone line; in fact, more of the participants were caring in an informal arrangement than a formal one. As it is a great challenge to track informal kinship caregivers, this study succeeds in providing an overview of their characteristics. Additionally, Ehrle and Green (2002) found similar data that supports Strozier and Krisman's findings.

Caregiver Needs

Even kinship caregivers who are partaking in formal kinship placements have reported to be struggling financially. In fact, adequate financial assistance is the most frequently reported unmet need by grandparent caregivers, with some caregivers explaining that they have gone without food, clothing, utilities and other necessities to provide for their grandchildren (Levin et al., 2006). On average, kinship caregivers receive less financial assistance from child welfare agencies than foster parents do (Ehrle & Geen, 2002), and most of their financial support comes through Temporary Assistance for Needy Families (Sakai et al., 2011).

Most formal kinship caregivers do become the legal guardian of the child-in-care unless reunification with the biological parent is an expected and imminent goal (Levin et al., 2006). However, if a child comes into the grandparent's care during a time of crisis, immediate legal issues can be difficult for caregivers to navigate quickly, regardless of their guardianship status (Letiecq, Bailey, & Porterfield, 2008). In a study of 182 kinship caregivers, 8% of the participants stated that their lack of legal rights prevented them from making decisions about the child's healthcare (Levin et al., 2006). Some kinship caregivers also experience discrimination by healthcare providers regardless of their legal guardianship status, as they feel medical

providers are simply less willing to consult with them since they are not the child's biological parents (Levin et al., 2006). Lastly, since many informal caregivers do not ever officially declare the kinship arrangement with an agency, they are more likely to never receive any legal counsel or status (Letiecq et al., 2008).

Numerous studies have highlighted the poor physical health of grandmother caregivers, mostly associated with their limited access to health care services (Kelley, Whitley, & Campos, 2010). Out of a sample of 100 grandmother caregivers, a statistically significant number had diabetes, hypertension, or a high risk of cardiovascular disease (Whitley, Kelley, & Sipe, 2001). Grandparent caregivers surveyed with the Medical Outcomes Trust SF-36 TM Health Surveys received lower scores in all physical health categories than the rest of the United States sample population (Gibbons & Jones, 2003), and this same theme was reiterated in Musil and Ahmad's analyzation of self-reported health records (2002).

Grandparent caregivers also report significantly higher levels of stress than non-caregiver grandparents do. Both stress levels and depression levels are higher when the grandchild's behavioral and emotional difficulties are higher (Dunne & Kettler, 2008; Fuller, Thomson & Minkler, 2000). The 12-Item Short-Form Health Survey revealed that kinship caregivers report a significantly lower mental health status than foster caregivers do (Administration for Children and Families, 2010).

In many instances, custodial grandparents are raising their grandchildren while simultaneously experiencing their own feelings of grief, hostility, and resentment over their adult

child's actions (Backhouse & Graham, 2013; Kelley et al., 2010; Waldrop, 2003). These feelings may be due to a low level of awareness of their child's vices until the moment of the grandchild's removal. For example, Pitcher (2002) found that 25% of participants were shocked to discover their child's drug use, while Klee et al. (2002) found that 40% of pregnant drug users' parents were completely unaware of their addiction. The former study was admittedly very small, though, and it cannot be assumed that grandparents do not know of their children's addictions. However, the fast pace in which a home placement dissolves, the child is removed from the home, and the grandparent must step in as caregiver can understandably lead to both confusion and grief.

Benefits of Kinship Care

Kinship grandparents' feelings of frustration are made more complex by accompanying feelings on the opposite end of the spectrum: love for their grandchild, love for their child, and commitment to preserving the family for the sake of their adult child. Studies show that grandmothers feel happiness and pride over their grandchildren's accomplishments, as well as a reinvigorated sense of youthfulness (Williamson, Softas-Nall, & Miller, 2003; Backhouse & Graham, 2013). Furthermore, Waldrop (2003) found that grandmothers self-reported a greater sense of inner-strength in their new role as guardian.

Children in kinship care experience longer-lasting placements and a higher quality of life than children in foster care (Farmer, 2009; Winokur et al., 2009; Mosek & Adler, 2001). They also have less chance of developing behavioral and social problems (Sakai et al., 2011; Rubin et al., 2008; Winokur et al., 2014). Furthermore, kinship care allows children more cultural

stability, which can help them develop their sense-of-self without interruption (Broad et al., 2001).

Summary Statement

It is clear from the existing literature that kinship youth are having better outcomes than foster youth (Farmer, 2009; Winokur et al., 2009; Mosek & Adler, 2001; Sakai et al., 2011; Rubin et al., 2008; Winokur et al., 2014; Broad et al., 2001). However, fewer studies exist on the grandparent kinship caregiver. The literature that does exist focuses on statistics about their financial, health, and legal needs to further ensure the safety of the grandchildren. These studies have found that grandmother kinship caregivers are of lower socioeconomic status, in poorer health, and receiving less legal aid than their foster parent counterparts (Bavier, 2011; Ehrle & Geen, 2002; Gibbons & Jones, 2003; Kelley et al., 2010; Letiecq et al., 2008; Levin et al., 2006; Whitley et al., 2001; Sakai et al., 2011; Strozier & Krisman, 2007; Musil & Ahmad, 2002). With these issues in mind, it is concerning that studies have yet to give more attention to kinship grandmothers as individuals.

In particular, hardly any attention has been given to the specific dynamics of the grandparent-parent relationship. Studies do show that reunification is more likely for children if parents and grandparents cooperate (Testa & Slack, 2002), birth parents have expressed a desire for support with family dynamics (Kiraly & Huphreys, 2013), and conflict can lead to grandparents' negative wellbeing (Dunne & Kettler, 2008; Marx & Miller, 2001; Barnard, 2003). However, there are few studies on what "conflict" means to grandmothers, what causes or prevents this conflict, and what causes or prevents successful relationships as well.

Chapter 3: Methodology

Research Design

This exploratory study utilizes a mixed methods research design consisting of a Caregiver Well-Being Scale (Appendix A); a Demographics Survey (Appendix B); and an individual, semi-structured interview with each participant (Appendix C). The study's narrative approach encourages participants to share their stories from their own perspectives.

The Caregiver Well-Being Scale was developed by Tebb, Berg-Weger, and Rubio (2013) as a rapid assessment survey. Though shortened from its original version developed in 1995, its new length has been tested for both reliability and validity. The survey focuses on two dimensions of wellbeing: biopsychosocial needs and activities of daily living. The Demographic Survey, on the other hand, was developed by the researchers of this project. The questions have a variety of structures, including write-in answers, "choose one" multiple choice questions, a Likert scale ranging from "Poor" to "Excellent," and "check all that apply" multiple choice questions. The questions gathered information on ten different demographic categories: age, race, marital status, physical health, number of grandchildren in care, length of kinship care, frequency of communication with birth parent, legal restrictions to birth parent visitations, reason for kinship care, and supports utilized for the relationship with the birth parent.

The final component of the research design is a semi-structured interview. There was only one interview per person, and no follow-up interview took place. The interviews focused on the following concepts: general nature of the grandparent-parent relationship, changes in the relationship, feelings towards child, child's parenting role, services accessed or needed, and the impact of the relationship on the grandchild.

Data Collection Procedures

This study received approval through the Ohio State University's Institutional Review Board to study human participants, and data was then collected during phone calls with seven participants ($N = 7$) which occurred between December 21, 2016, and January 13, 2017. The data collection process began with the researcher making an initial phone call to participants (Appendix D), and the purpose and processes of the study were explained to all participants at this time. The researcher also ensured participants met the study's inclusion criteria: to participate, they had to be current caregivers to at least one of their grandchildren, and the birth parent could not be deceased. If they met the inclusion requirements and agreed to participate, participants then scheduled a later time to complete the study or opted to begin right away. They were also given the option to complete the study face-to-face or over a phone call, and caveats regarding privacy concerns and communication difficulties of phone calls were explained as well. All participants opted to participate in the study by phone rather than face-to-face.

During the study, participants completed the Demographic Survey, Caregiver Well-Being Scale, and a semi-structured interview. Since they completed these activities over the phone, they did not fill out a hard copy of the surveys but were instead verbally asked each question of the surveys and guided through each answer option. The researcher then marked the appropriate option on the survey on their behalf. Occasionally, answer options had to be reiterated multiple times. It is uncertain whether participants would have answered differently if they had chosen to complete these surveys in-person. Once the surveys were completed, the researcher began the interview. With the permission of the participants, all seven of these interviews were recorded with a tape recorder.

Sampling Process

Initial contact with study participants was made with the help of Clintonville-Beechwold Community Resource Center (Appendix E), a local social service agency with a kinship care program. Their staff supplied kinship clients with release-of-information documents during home visits, explained the study to them, and informed them of the \$30 VISA Gift Card offered for participation. With the assistance of Clintonville-Beechwold Community Resource Center, the research team received the contact information of 15 potential participants.

The researcher made an initial phone call to all 15 of these women to establish contact, gauge their interest in participation, and read over the consent form (Appendix F). During this initial contact stage, women were excluded from the study if their contact information was incorrect or left blank on the form and initial contact could therefore never be made. Women were also excluded if they did answer the phone but did not end up meeting the study's inclusion criteria, which required eligible participants to be current caregivers to at least one of their grandchildren and to have a biological child (i.e. the birth parent) who is not deceased. By the end of the data collection process, seven women had agreed to participate and followed through on this agreement. As compensation for their participation, they each received the \$30 VISA Gift Card in the mail.

Sample

The following inclusion criteria was set for this study: participants must be grandmothers who are currently caring for at least one of their grandchildren; and the birth parent who is their biological child must not be deceased. The purpose of the latter inclusion is to ensure that the grandparents and the birth parents have at least the physical option of interacting with each other

in their natural setting. Furthermore, grandmothers must be current caregivers to limit some participants from having a retrospective view of their relationship while others have not yet had the time and distance to reflect back on their situation. Lastly, all participants were required to be grandmothers.

The research team originally hoped for 10 to 20 participants. However, due to time constraints, errors in contact information, and participants no longer being willing to participate after initially agreeing, the sample size was amended to seven ($N = 7$). This smaller number of participants allowed for more time be devoted to completing quality coding and analysis. It was noted in the early stages of sampling, though, that full saturation of information may not be reached by the end of the study due to the small sample size. This stipulation highlights the need for further studies on this topic.

While it was not an inclusion criteria of this study for participants to have legal custody of their grandchild, it *is* a requirement at Clintonville-Beechwald Community Resource Center in order to be accepted into their kinship care program. Since all of the participants were clients of this center, all participants in this study are in formal kinship arrangements and have custody of their grandchild.

Measures

Quantitative Measures

In order to juxtapose their grandparent-parent relationship needs with their overall needs, participants were asked to complete the Caregiver Well-Being Scale. This scale is an existing short-form rapid assessment survey that gathers information on the broad themes of caregivers' biopsychosocial needs and activities of daily living.

The survey initially measured how often participants ate a healthy diet, got enough sleep, received healthcare, expressed love, expressed anger, felt good about themselves, felt secure in their financial future, had adequate shelter, bought food, took care of personal routine activities, attended to medical needs, kept up with home maintenance, participated in community or church events, had time for fun, rewarded themselves, and planned for their financial future. These individual items were then grouped together to measure a larger category: physical needs, emotional needs, self-security needs, self-care, time for self, and connectedness to others. Lastly, the individual items were grouped together during analysis to measure the two broader themes, biopsychosocial needs and activities of daily living. As per the directions in the tool's original study (Tebb et al., 2013), participants used a Likert Scale of "Rarely," "Occasionally," "Sometimes," "Frequently," or "Usually" to answer each question.

Qualitative Measures

Once information was collected on the participant's overall needs, the researcher then interviewed the participant about her grandparent-parent relationship. The interviews were semi-structured with seven scripted questions about the following concepts: general nature of the grandparent-parent relationship, changes in the relationship, feelings towards child, child's parenting role, services accessed or needed, and the impact of the relationship on the grandchild.

The first question was, "Can you describe your current relationship with the parent of the grandchild(ren) you are caring for?" The purpose of this question was to gain a general overview of the grandparent-parent relationship. It was suspected that participants' answers would reflect either a strong, average, nonexistent, or poor relationship. Since answers should provide an overview, this question was important to ask first before getting into specifics.

The next question was, “How has the relationship changed since you became a kinship caregiver?” This was the only interview question that asked about the past; the rest of the questions focused solely on the present in order to impact the future. However, this question was included to more completely describe the participant’s life. If the relationship has evolved from the past, it may continue to evolve in the future.

The third question was more specific: “Can you list any feelings—positive or negative—that you have towards your child?” Instead of a general overview of the nature of the relationship, this question now asked for specific words the participant would use to describe the relationship.

The fourth question was focused on the family dynamics of the kinship care arrangement and asked, “How engaged is the parent of your grandchild(ren) in the parenting role?” This question was included to provide insight into how involved the birth parents are in the grandchild’s life. It was suspected that it could lead to more information about legal constraints if the birth parent has visitation restrictions; about attempts at reunification; or about the grandmother’s opinion of her birth child’s parenting skills.

The next question was, “Are you currently participating in any services or supports to help you manage your relationship with your adult child?” It was followed by, “What supports would be useful to you to help manage this relationship?” These questions were concerned with service delivery for kinship care providers. While previous studies have focused on this topic in regards to financial, healthcare, and legal services for the grandparents, this study was concerned with services for the grandparent-parent relationship.

Lastly, the interview concluded with the final question, “In what ways do you think your current relationship impacts your grandchild(ren)?” This question was placed at the end of the interview because the purpose of the project was to explore the grandparent-parent relationship as a means to eventually promote the quality of life for all members of the family. Studies show that family dynamics have an effect each person in this kinship triad: the grandmother, birth parent, and grandchild. This question intended to look at the larger impact of this relationship.

Data Analysis

Quantitative Analysis

Quantitative data from the Caregiver Well-Being Scale and Demographics Survey were screened for accuracy over the phone during the completion of the survey. If a participant ever seemed to forget the possible answer options, the researcher re-explained all options available on the Likert Scale. This screening process ensured that questions were answered appropriately and that no questions were left blank unintentionally. Data was then coded and entered into a spreadsheet in Microsoft Excel.

During analysis, the data from the Demographic Survey was separated into two categories: demographics and context of caregiving. The demographics category consisted of the questions about age, race, marital status, health, and number of children in care. The context of caregiving category consisted of questions about frequency of communication with the birth parent, legal restrictions to visitations, reason for the kinship arrangement, and support received

for the grandparent-parent relationship. The data from each question of the survey was analyzed for number and percentage of participants who selected each answer.

The data from the Caregiver Wellbeing Scale was analyzed according to the directions in its original study of effectiveness (Tebb et al., 2013). As mentioned in the Measures section of this chapter, data was analyzed first by individual item (buying food, getting sleep, etc.), then by the items' larger categories (self-security, connectedness, etc.), and then by the items' larger themes (biopsychosocial needs and activities of daily living). Each item and category was analyzed for mean and standard deviation of answer scores. Answers were scored as Rarely=1, Occasionally=2, Sometimes=3, Frequently=4, and Usually=5. The percentage of participants who chose each answer on the Likert Scale was also included during analysis. The larger themes were analyzed only by average score of all the items within that theme. These descriptive statistics allowed the analysis to portray an overall picture of the sample population.

Qualitative Analysis

Qualitative data analysis from the interviews occurred in three steps: transcribing the interviews, completing line-by-line coding of these transcripts, and organizing common themes that arose throughout the interviews.

All of the interviews were transcribed by hand, and this transcription occurred as soon as possible after the interviews so that names could be changed or excluded to ensure confidentiality. The researcher included everything that was spoken in the interviews, being attentive to small verbal details such as stutters. The researcher then completed line-by-line coding. During this step of the analysis, the researcher read through each line of the transcript and made note of any striking words, emerging themes, or repeated terms.

The researcher then color coded each line of the interviews based on themes. Since this is an exploratory study, it was only during analysis that themes began to emerge. Similar statements were grouped together, and some groupings were later combined into a larger overarching theme; conversely, some groups of statements were broken up into subgroups.

Chapter 4: Results

Quantitative Findings

Demographics of Sample

The majority of participants were between 50 and 60 years old; however, there was one participant over and one under this average age range. There were slightly more Black participants (57.1%) than White participants (42.9%). Results also showed that most of the participants were single (71.4%) while only a small number were married (28.6%). However, it is important to note that no distinction was made between a participant who is single and a participant who is in a relationship or cohabitating but just not married.

Findings also showed that the majority of participants rated themselves as being in good health. The options on the Likert scale were Poor, Fair, Good, Great, or Excellent. Of these options, 57.1% of participants chose Good, 28.6% chose Fair, and 14.3% chose Poor. Participants were also asked how many grandchildren are currently in their care. Most respondents were caring for only one grandchild, but two respondents were caring for three. On average, they had been a kinship caregiver for between five to seven years, although one grandmother had only just started her placement less than a year before the start of the study and another grandmother had been caring for her grandchild for almost ten years. This average timeframe of five to seven years is indicative of kinship service delivery patterns in Columbus, Ohio, where this study took place: similarly, staff at Clintonville-Beechwold Community Resource Center reported that most of their kinship clients care for the child in their home for more than five years before ever inquiring about the program's services.

TABLE 1. Participant Demographics

Characteristic	Number	Percent
Age Group		
<50	1	14.3
50-60	5	71.4
>60	1	14.3
Race		
Black	4	57.1
White	3	42.9
Marital Status		
Single	5	71.4
Married	2	28.6
Health (Scale 1-5)		
Poor (1)	1	14.3
Fair (2)	2	28.6
Good (3)	4	57.1
Great (4)	0	0
Excellent (5)	0	0
Number of Children in Care		
1 Child	4	57.1
2 Children	1	14.3
3 Children	2	28.6
Years Caregiving		
<1	1	14.3
1-2	1	14.3
3-4	1	14.3
5-7	3	42.9
8-10	1	14.3

The Demographic Survey also yielded information about the participants' context of caregiving. Most of the grandmothers reported that they either see their adult child several times per week, or that they rarely see their adult child in person but often speak on the phone. These numbers show that grandmothers are having frequent interactions with their adult child despite the grandchild's removal from the birth home.

Of the seven participants, four stated that the birth parent had no legal restrictions to visitations with the grandchild while three said there were legal restrictions. One of these legal restrictions was a maximum amount of time per week that visitations could occur, and the other two were due to the birth parents' incarcerations that limited the possibility for visitation. Child neglect and the birth parent's drug and alcohol abuse were the most common reasons for the grandchild being removed from the home. Two participants also answered that child abuse was the predominant factor that led to the removal of the grandchild. As mentioned above, two of the grandmothers had birth children who were incarcerated; however, they stated that the incarceration happened after the removal of the grandchild and was not the initial reason for kinship care. Finally, all seven participants answered that they receive no support to help them with the grandparent-parent relationship. All of the participants *are* clients of Clintonville-Beechwood Community Resource Center, as the agency assisted with recruitment for the study, but their services do not assist with the grandparent-parent relationship.

TABLE 2. Context of Caregiving

Characteristics	Number	Percent
Frequency of Communication with Birth Parent		
See Several Times Per Week	3	42.9
See Once or Twice Per Week	0	0
See Few Times Per Month	0	0
See Rarely but Speak on Phone	4	57.1
See Rarely and Rarely speak on Phone	0	0
Legal Restrictions to Visitations		
Yes	3	42.9
No	4	57.1
Reason for Caregiving Arrangement		
Parental Drug/Alcohol Abuse	5	71.4
Parent Incarcerated	0	0
Child Neglected	5	71.4
Child Abused	2	28.6
Child Abandoned	1	14.3
Other	3	42.9
Support Received for Grandparent-Parent Relationship		
Therapy	0	0
Church Group or Support Group	0	0
Support from Friends/Family	0	0
Agency Kinship Care Program	0	0
No Support Received	7	100
Other	0	0

Wellbeing of Sample

The few existing studies mentioning this population have shown reason for concern in regards to kinship caregiver needs: as previously mentioned, kinship caregivers tend to be older; have a lower socioeconomic status, education, and physical and mental health scores than their foster parent counterparts; and receive less financial compensation for their placements than foster parents do as well.

Despite this study's primary focus being on the needs within the grandparent-parent relationship specifically, the research team still felt it was important to give attention to other biopsychosocial needs of the population as well. As such, this study utilized the Caregiver Well-Being Scale to provide a richer analysis of the general wellbeing of caregivers.

The mean, standard deviation, and percentages of each individual survey answer were calculated. Findings show that all participants usually partake in routine activities such as making meals, taking care of personal hygiene, and doing laundry ($M = 5.00$). Respectively, having adequate shelter ($M = 4.86$), expressing love ($M = 4.71$), and keeping up with home maintenance ($M = 4.71$) were the next items with the highest mean scores, and the low standard deviations of these items highlight the consistency of responses. Providing self-reward was the item with the lowest mean score ($M = 1.71$).

These individual items were also combined into a larger theme, either biopsychosocial needs or activities of daily living, depending on whether the individual item was related to meeting basic needs or the actual implementation of those needs. The latter theme had a slightly lower mean score ($M = 3.32$) of all its combined individual items than the former theme ($M = 3.46$), although the two scores were very similar. Overall, this categorization of individual

items indicates that there is a difference in definition between having the basic necessities of life and successfully utilizing these options in everyday living.

TABLE 3. Analysis by Individual Item and Theme

<i>On a scale from 1 (Rarely) to 5 (Usually), how often do you...</i>		Mean	SD	Rarely	Occasionally	Sometimes	Frequently	Usually
Basic Needs- Meeting the biopsychosocial needs to sustain life	Have Shelter	4.86	0.38	0	0	0	14.3	85.7
	Express Love	4.71	0.49	0	0	0	28.6	71.4
	Receive Healthcare	4.14	1.21	0	14.3	14.3	14.3	57.1
	Eat a Healthy Diet	3.43	1.72	14.3	28.6	0	14.3	42.9
	Feel Good About Yourself	2.86	1.68	14.3	14.3	28.6	0	28.6
	Feel Secure About Finances	2.57	1.27	28.6	14.3	28.6	28.6	0
	Express Anger	2.57	1.99	57.1	0	0	14.3	28.6
	Get Enough Sleep	2.57	1.72	28.6	42.9	0	0	28.6
Overall items:		3.46						
Activities of Daily Living- Implementation of the needs	Take Care of Routine Activities	5.00	0	0	0	0	0	100
	Keep Up With Home Maintenance	4.71	0.49	0	0	0	28.6	71.4
	Buy Food	4.57	0.53	0	0	0	42.9	57.1
	Attend to Medical Needs	3.57	1.81	28.6	0	0	28.6	42.9
	Plan for Financial Future	2.71	1.70	28.6	28.6	14.3	0	28.6
	Attend Community Events	2.29	1.11	28.6	28.6	28.6	14.3	0
	Take Time for Fun	2.00	1.15	42.9	28.6	14.3	14.3	0
	Reward Yourself	1.71	0.95	57.1	14.3	28.6	0	0
Overall items:		3.32						

The individual items were also sorted into the following categories: self-care, self-security, physical needs, emotional needs, time for self, and connectedness. Each category was then analyzed for mean, standard deviation, and percentages of the combined scores. Findings showed that participants scored highest in self-care ($M = 4.50$) and lowest in connectedness to others ($M = 2.15$). It must be noted, however, that the sample cohort was extremely small and the collected data cannot be generalized to all kinship grandmothers. This information instead serves to contextualize the participants' grandmother-parent relationship within their broader needs as caregivers.

TABLE 4. Analysis by Category

Category	Items in Category	Mean	SD	Rarely	Occasionally	Sometimes	Frequently	Usually
Self-Care	Buy food, take care of routine activities, attend to medical needs, keep up with home maintenance	4.5	1.07	1.07	4.8	9.5	14.3	42.9
Self-Security	Have shelter, feel secure about finances	3.72	1.49	14.3	7.1	14.3	21.4	42.3
Physical Needs	Eat healthy diet, receive healthcare, get sleep	3.38	1.63	14.3	28.6	4.8	9.5	42.9
Emotional Needs	Express love, feel good about yourself, express anger	3.38	1.75	28.6	4.8	9.5	14.3	42.9
Time for Self	Reward yourself, plan for financial future	2.21	1.42	42.9	21.4	21.4	0	14.3
Conenctedness	Attend community events, take time for fun	2.15	1.10	35.7	28.6	21.4	14.3	0

Qualitative Findings

After careful narrative analysis, which consisted of thematic coding as described in further detail in Chapter 3: Methodology, the following themes arose: the grandmothers' continued influential presence in their children's life, the grandmothers being pulled in different directions as they attempt to fulfill multiple obligations, the grandmothers' hesitance to use the word "anger," and an indifference towards social services to help with the grandparent-parent relationship.

Grandparents' Strong Influential Presence

A prevalent theme that emerged from the qualitative data was the continued influential presence of the grandmother in her child's life— regardless of how much physical or verbal contact she actually has with her child. In the traditional view of a mother-child relationship, children often seek the guidance of their parents less and less as they grow older, until they themselves become the parent and have their own children who turn to them for guidance. Imagine that in a kinship care arrangement, then, the birth child— for whichever reason— either never took over this primary parental role to begin with, or took it over briefly but then relinquished it. Thus, if a kinship arrangement occurs, the birth child's aging mother never has the opportunity to lessen her grip on being a "parent" and retire into being a "grandparent."

Of the seven participants in this study, four of them described some sort of ongoing influence they still have as a parent over their adult child, whether as an authoritative figure, an advisor, or a motivator and encourager.

An example of a grandparent who still has parental authority over her adult child is Participant 1, who pays her daughter to do chores for her. This arrangement of receiving an allowance for doing chores is often outgrown after childhood. However, regardless of time and age, Participant 1 still holds this parental authority over her daughter. Furthermore, Participant 7 also expressed a similar situation with her son. She stated:

Out of 100 percent [engagement], he is 30 percent. Because, he's 30 percent because I make him do the 30 percent. I make him give me some money. I make him do stuff. He doesn't do and he's gone.

A kinship caring grandmother may also still feel the need to give advice to her child. For example, Participant 6 provided a list of instructions about what her daughter should do differently when around her grandchild:

She's not one of the cleanest persons in the house when it comes to housecleaning. She's not, she needs to, you know, you know, and they smoke... well she don't smoke but he smokes. And they need to learn. You know, [Granddaughter] has asthma and they need to smoke outside. She needs to tell the boyfriend. She needs to learn, here's what she needs to learn: she needs to learn to stand up for herself and take up for herself and tell the boyfriend, "You need to go outside and smoke, you need to do that."

I tell her, “You need to be involved in her doctor visits. And you need to be involved with her counseling.” And she’s like, “Well I don’t have the gas money to drive all the way out there to the counselor.” And I’m like, “Well, you know what, I asked the counselor to do visits to your house. And she said she could possibly do that. So,” I told her, “don’t be surprised if she don’t come to your house to do the visit . . . that means you need to have your house clean.”

There was an incident a couple of weeks ago, where her mom called me and she’s like, “You better come get her because I’m gonna call the police because she’s beating on her brother . . .” And I’m like, “Well you need to calm down and you need to take and move her out of the room and talk to her . . . so you need to take this under control and take care of it.”

A different type of grandparent-parent relationship that emerged from the data was one in which the grandmother had a strong presence as a motivator and encourager for her child. After hearing their stories, it could be argued that a grandmother who holds this softer type of parental role has just as powerful of a presence in her child’s life as a grandmother in the previously mentioned authoritative role. Participant 4, for example, said that her son calls her at least two to three times per week while he is incarcerated. She said the following about the ever-present role she plays in his life as his encourager:

We always tell each other we love each other, and I tell him he's gonna come home soon. And you know, just encourage him and let him know he's gonna be okay and I'm taking care of his son.

She later added:

You know, those are the things that we talk about: him being able to still, you know, don't allow your circumstances to dictate your future, um, things like that, and about how he wants to start his own business. Those are the type of conversations we have.

It is interesting to note that when drafting the interview questions for this study, a question was included to explore how engaged the participant felt her child was in parenting the grandchild. After collecting the data, though, it appears that a more appropriate question to ask might have been, “How engaged would you say *you* are in parenting *your* child?” It appears that the grandparents are heavily involved in their child’s lives; and they feel, as shown with Participant 6’s strong opinions about how her child should parent, that there is a certain need for them to be involved— or perhaps they even have a certain *right* to be involved— due to this kinship care arrangement.

It must also be mentioned that one participant did disclose an opposite situation, in which her daughter actually acted as the parent to *her*. However, this situation was only mentioned by one participant and seemed to be tied to the grandmother’s health issues. After careful consideration, it was judged to be an outlier in regards to this particular theme.

Being Pulled in Different Directions

Within this complex and multifaceted role as the primary caregiver of a kinship care arrangement, there are bound to be complications. Of the seven grandmothers who participated in this study, five discussed feeling conflicted about their allegiances as they navigated their kinship care arrangement. These grandmothers were trying to focus on protecting their grandchild while simultaneously trying to protect their adult child; moreover, it became clear throughout the interviews that these obligations were often in conflict with each other.

For example, Participant 2 described how angry her daughter felt when she did not allow her to move in with her. Despite her desire to provide shelter to her daughter, who she knows often lives with strangers in unsafe settings without running water or electricity, she knows she also has to consider the safety of her grandchildren. She is constantly trying to balance her original obligation to protect her child with her new obligation of protecting her grandchildren. When asked to describe her relationship with her daughter, she stated:

My biggest worry is someday they're gonna find her dead. It worries me to death.

Later in the interview, however, she discussed possible consequences that could occur if she were to remove her from her unsafe environment and provide asylum, saying:

Nobody can smoke here, and they definitely can't come here drinkin' or high . . . So, um, I'm not gonna do it at my house or let anyone else do it. Because my thing is, I'm here for the kids. And I'm not gonna jeopardize that. And that's one reason I can't let

her come here and stay. I mean, live. Because, like I said, as a foster parent or even to just protect my grandkids: if they took them from her and then she moves in here? You know what I'm saying? So if I move her in here, and I don't want them taking 'em from my house.

Participant 7 also described this conflict over protection. On the one hand, she stated that her relationship with her son is very dysfunctional, and she described multiple instances of negative interactions between them:

And then the bad thing is the alcohol. The verbal, the verbal, he gets very verbal. He calls me bitchy. He just wants to go out. He gets very disrespectful, very disrespectful, very disrespectful. And I don't like—I've gone from, I love him but I don't like him, because the things he's done to me. The things—he's spit in my face. The things he's done to me to belittle me as a mother.

Yet, despite the great personal hurt her son has caused her, she is reluctant to give up on him because she worries for his safety—as she has already lost her older son and is especially fearful of losing her younger son. When asked about her perseverance, she answered:

And that's why. Because I don't wanna bury another child. It's too painful, and I worry about that, I worry. I don't wanna do that again. I can't do it again. I'd die too.

Participant 3 described a rather different type of conflict: that she did not feel comfortable having a relationship with her daughter, but she felt torn about not doing so because of pressure from her grandchildren. She stated:

It bothered them for awhile because I wouldn't talk to her. Especially the younger one, he said, "See her! She's your daughter!" But I said I'm not ready to talk to her . . . Yeah, the oldest one, he's like whatever sometimes. You know, he's twelve! But the youngest one, he's all about family. So he's a little bit happier now because I took him to see her one day, so he's a little happier now because he thinks the family's gonna come back together. Because you can't punish the kids for something stupid she did. But it's supervised visits, she's not gonna keep them overnight, I just don't . . . the trust isn't there.

Lastly, and perhaps more difficult to understand, is a sub-theme of these conflicted feelings that was never specifically stated by any of the participants. Yet, as the participants spoke, there seemed to be an underlying feeling of both hope and disenchantment at the same time. It was the feeling that their child is still a good person despite their actions; and yet it was also the feeling that their child will not change their actions despite being a good person. This sense of conflict became more clear as the participants continuously made unprompted “protective” statements about their birth children throughout the interviews. For example, when asked to describe the nature of her relationship with her daughter, Participant 2 first discussed her daughter’s hurtful comments to her and said:

Since I've had the kids, she's been pretty angry at me. There's times where I've had to block out some of the stuff she's said. She has no— what would you call it if she doesn't care what she says? . . . If she's got something on her mind, it comes out. No filter maybe.

However, she then immediately amended her description, adding:

But she, all she ever wanted to do was be a mom.

Participant 3 followed this same pattern. First, she was asked to describe the nature of her relationship with her daughter; she answered this question first by painting a negative picture of her daughter; and then, without being prompted, she added protective statements that gave reasons for her daughter's actions. Her description of her relationship with her daughter was as follows:

When I first got custody of my granddaughter, my daughter wasn't, you know, she wasn't taking care of her. She wasn't keeping up, she wouldn't bathe her, she wasn't feeding her properly or wasn't . . .

She then added a more forgiving explanation:

I don't think she basically was mother material is why she wasn't taking care of her. She was 19 but she just wasn't ready to have a baby yet. She didn't, she wasn't into drugs or anything, or didn't drink or do drugs. She just wasn't ready to settle down and have a baby . . . And I always told her that if she ever got to the point that she was ready to financially take care of her daughter that I would give her back but she still is not really financially ready to take care of her even though she has two other children now— she has a five year old son and a seven year old son— but she still is not financially able. Even though she works and has a job, she don't really, is not really, is not really financially able to take care of her.

While the true purpose of these statements may not be known for certain to anyone except the participants themselves, it can be noted that they always occurred immediately after the participant said something negative about her child. This tendency to quickly assure the interviewer of more positive qualities could hint at the internal conflict within the participants about how they should portray their children in this study. However, it could also hint at the possibility that these grandmothers know their children better than any research study does. Perhaps they know there can be reasons for both wariness *and* for hope, and that “good” and “bad” are far too black-and-white of labels to bestow upon anyone.

Hesitance to Use the Word “Anger”

During data analysis, a rather unexpected theme began to emerge from many of the participant’s interviews. This theme, while related to the concept of being pulled in different directions, is focused more directly on the participant’s aversion to certain diction: specifically, to the word “anger.”

Participant 4 is perhaps the most prominent example of this word choice. She began by discussing her lack of anger towards her son and how she does not find anger to be a productive or useful feeling. Moments later in the interview, though, her feelings were rather different. However, she seemed particular about using only the word “frustrated.”

Well I do get frustrated. I do, honestly, I do get frustrated. And I actually get a little angry . . . and I do get frustrated, you know, sometimes when I think about the situation with me caring for his son. I get frustrated with him and the mom. But it does make me, it makes me extremely frustrated sometimes. When I actually sit down and think about how they’re both not being parents. And it just makes me very frustrated but I don’t let that anger rule when I talk to him. I just have to, I just stay positive.

Participant 7, on the other hand, said she felt “bothered” by her son’s actions:

He’s not active in their life because he’d rather, he’d rather be drunk. And that bothers me, that bothers me, that really bothers me.

Considering this tendency to describe feelings of anger while avoiding using the actual word, it is even more interesting to look back on participants' scores for the Caregiver Well-Being Survey (Table 3). One of the survey questions asked participants to score how often they expressed anger towards others on a Likert Scale from 1 to 5, with the score of 1 being "rarely" and 5 being "usually." Findings showed that 57.1% of participants answered "rarely," which tied with the survey question about frequency of self-reward for the highest percentage of "rarely" answers given.

There is one striking question about the results of this survey question, though: is a lower score good or bad? This study's Caregiver Well-Being Scale used the same scoring methods that were originally tested (Tebb et al., 2013), which scored the Expressing Anger item as if it was a positive quality; therefore, higher scores are actually seen as healthier.

This method of scoring was not explained to the participants beforehand and it could have had an effect on their scores. Although it cannot be stated as fact, it may be that the participants provided their own connotations of anger which then influenced their scoring decisions. They may have decided on their own— perhaps influenced by their own personal experiences, their surroundings, or their upbringings— what is or is not a socially acceptable coping behavior, and answered accordingly.

Again, this idea is merely one possibility and should not be taken as anything more. It could also be that all 57% of those participants really do rarely express any anger, and there is no reason for it other than the fact that it just does not happen. In the interviews, too, no concrete reason can be provided for participants using words similar to "anger" but not the word itself. It

may be indicative of an entire societal aversion to being angry; conversely, it may be that her child is making improvements as a parent and she does not have anything more to be angry about. More research should be done on these concepts in the future.

Indifference About Services

Lastly, participants were asked if they already accessed any services to help with the grandparent-parent relationship or if they felt that any services would be particularly helpful. This question elicited unexpected information, as it turned out the majority participants were uninterested in accessing services to help their relationship with the birth parent. Many were also unaware of what types of services were available for their situation. In these cases, the interviewer explained that options might include family therapy, drug or alcohol support groups that invite loved ones to attend alongside group members, or even educational programs like parenting classes that could possibly benefit both the grandparent and birth parent.

Even after this explanation, though, four of the seven of participants said they were not interested in any service for the relationship. Three of the four said no because they would rather the birth parent receive individual drug treatment, and they felt it would be useless to work on the relationship in the meantime. The other participant who did not want any services had already ended her relationship with her daughter and did not see any point in trying to reconcile. All four participants talked of a breaking point that had already occurred in the relationship.

One participant expressed a mixed amount of interest, saying that family therapy would be useful only *alongside* alcohol treatment; and that one service might even help with the other service. While she still believed that the primary issue at hand was her son's addiction, she did

acknowledge that family therapy could help him with his addiction which in turn could have a positive impact on their relationship.

Finally, only two of the seven participants expressed a substantial amount of interest in accessing services to help strengthen the grandparent-parent relationship. Both mentioned family therapy on their own as their preferred type of service, and they did not need any explanation of the other available options. At this time, it is not known whether having education on available services for the grandparent-parent relationship correlates with interest in accessing them. It must also be mentioned that one participant who had extensive knowledge of available services still answered no when asked if any would be helpful for her relationship. A larger sample size would be needed in future studies to explore different levels of kinship grandmothers' interest in services.

Chapter 5: Discussion

Summary of Findings

Findings of this study hint at the complexity of kinship care for the grandmother caregiver. The placement is more complicated for grandmothers due to their preceding, and often ongoing, bond with the birth parent. Participants in this research felt they must be both “grandmother” *and* “mother” at the same time. After hearing their stories, it is clear that these two roles can often be in conflict with one another.

Feeling conflicted over whether to protect the grandchild or birth parent was a particular concern of the grandmothers. Many grandmothers shared that their birth child had asked to live with them, and they struggled with their decision to say no. For some participants, they knew the birth parent was homeless and living unsafely on the streets; at the same time, they knew that the grandchild could get removed from the home yet again if the birth parent was present. They felt constantly pulled in two different directions, as if they were at the center of a love triangle.

Grandparents also seemed conflicted about how they should portray the birth parent during the interviews. After giving answers that painted their child in a negative light, they immediately followed with unprompted reminders of the birth parents’ more positive qualities. Another unexpected theme that arose was the participants’ hesitance to use the word “anger.” Participants described feelings of anger during the interviews but used words such as “frustrated” or “bothered” instead; furthermore, they expressed how useless it was to feel angry and they scored low in expressing anger on the Caregiver Well-Being Scale.

Participants were also heavily involved in the birth parents’ lives. This involvement came in different forms: as an authoritative figure who assigns chores to the birth parent and threatens

to halt this monetary relationship if the birth parent does not put effort into parenting the grandchild; as an advising figure who gives instructions to the birth parent for how to behave, how to parent, and how to change; and as an encouraging figure who constantly assures the birth parent that he or she deserves many successes and accomplishments despite this setback.

Lastly, participants seemed rather uninterested in accessing services to help strengthen this relationship. The majority of participants felt that their child's drug or alcohol addiction was the primary reason for their strained relationship, and therefore participants would rather their child partake in individual treatment to work on their issues. Participants also felt that it would not be necessary for them to be present during this treatment, as it is treatment for their child and their child alone. These findings were rather surprising: given the participants' descriptions of the complex nature of this relationship, it would seem that they would greatly desire more services to strengthen, preserve, or repair it. However, their viewpoint becomes more understandable when looking at the other issues kinship grandmothers commonly face.

This study utilized a Demographic Survey and the Caregiver Well-Being Scale to contextualize the grandmother-parent relationship within the broader needs of caregivers. Findings showed that 71.4% of participants have a birth child with a drug or alcohol addiction; 100% of the participants ranked their physical health as a 3 or lower on a scale from 1 to 5; 70% of participants reported that they only occasionally or rarely got enough sleep; and 0% of participants usually felt secure about their finances. With this data in mind, it is logical that the kinship grandmothers in this study may have felt that other needs should take priority over the grandparent-parent relationship.

Limitations

Despite attempts to interview 10 to 20 participants, this study had an admittedly small sample size of 7 grandmothers. Furthermore, the fact that all participants were clients of Clintonville-Beechwold Community Resource Center, which requires its clients to have custody over the youth in order to qualify for the kinship program, created an unintended homogeneity within the sample population. The findings of this study can therefore not be generalized to the larger kinship grandmother population.

There were also a few flaws in research design. While the option for a phone interview was added later in the project's development due to time constraints and difficulty with recruitment, the project was originally designed to be completed face-to-face. The survey questions and answer options were difficult to relay over the phone, and participants may have responded differently if they were able to complete the survey in private. Furthermore, there were occasional audio issues that made it difficult for the researcher to hear the participants' answers during interviews. While clarification was requested in these instances, some statements were still excluded from the final transcripts due to lacking audio quality.

Furthermore, the Demographic Survey question asking, "How often do you see or communicate with the son or daughter who is your grandchild's birth parent?" was confusing for participants to interpret. Some participants answered how often they *saw* their birth child, while others answered how often they *communicated* with their birth child. Retrospectively, this question should have been separated into two questions: one about verbal interaction, and another about physical interaction. Lastly, participants' marital status was categorized as either

“single” or “married” during analysis. Inclusion of cohabitation or other types of relationships would have led to a clearer picture of the participants’ situations.

Implications

Even with these limitations, this study serves as a call for further exploration into kinship family dynamics. Past studies have focused mainly on the grandchild, but the grandmother and birth parent also have their own needs. Furthermore, they all have needs within their relationships to each other. This study tells a story of the kinship relationship as one similar to a love-triangle. To whom does the grandmother’s primary obligation belong, and can this obligation ever be equally balanced between her child and grandchild? Future studies should therefore not focus on just one member of the triad, or even two members, but on all three.

Furthermore, this study found that most grandmothers who had already hit a breaking point with the birth parent were uninterested in accessing services to repair the relationship. This finding hints at the need for a more preventative framework in service delivery. It may be more effective to provide family services *before* the relationship breaks down than to try to repair it afterwards. In order to do so, however, studies must be done at how to reach this population sooner. Considering that some grandmothers are taking more than five years to inquire about services, as the staff at Clintonville-Beechwood Community Resource Center discussed; and that an unknown but presumably large number of kinship caregivers are not *ever* formally declaring their placement through a children’s service agency; it is strongly suggested that research be done on how to better reach this population.

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Appendix A: Caregiver Wellbeing Scale

This questionnaire is designed to assess the well-being of family caregivers. Please circle the rating which best describes you right now.

How often do you...

1. Eat a balanced diet	Rarely	Occasionally	Sometimes	Frequently	Usually
2. Get enough sleep	Rarely	Occasionally	Sometimes	Frequently	Usually
3. Receive appropriate health care	Rarely	Occasionally	Sometimes	Frequently	Usually
4. Express love	Rarely	Occasionally	Sometimes	Frequently	Usually
5. Express anger	Rarely	Occasionally	Sometimes	Frequently	Usually
6. Feel good about yourself	Rarely	Occasionally	Sometimes	Frequently	Usually
7. Feel good about your financial future	Rarely	Occasionally	Sometimes	Frequently	Usually
8. Have adequate shelter	Rarely	Occasionally	Sometimes	Frequently	Usually
9. Buy food	Rarely	Occasionally	Sometimes	Frequently	Usually
10. Take care of personal daily activities (meals, hygiene, laundry)	Rarely	Occasionally	Sometimes	Frequently	Usually
11. Attend to medical needs	Rarely	Occasionally	Sometimes	Frequently	Usually
12. Keep up with home maintenance activities (lawn, cleaning, house repairs, and so forth)	Rarely	Occasionally	Sometimes	Frequently	Usually
13. Participate in events at church and/or in the community	Rarely	Occasionally	Sometimes	Frequently	Usually
14. Take time to have fun with friends or family	Rarely	Occasionally	Sometimes	Frequently	Usually
15. Treat or reward yourself	Rarely	Occasionally	Sometimes	Frequently	Usually
16. Make plans for your financial future	Rarely	Occasionally	Sometimes	Frequently	Usually

Appendix B: Demographic Survey

Demographics Survey

Please complete this survey to the best of your ability, as it will help us learn more about your background and your kinship care arrangement.

1. What is your age?: _____

2. What is your Race/Ethnicity?

- ☐ Black or African American ☐ Asian/ Pacific Islander ☐ White
☐ Native American or American Indian ☐ Hispanic or Latino ☐ Other
-

3. What is your marital status?

- ☐ Single, never married ☐ Divorced ☐ Widowed
☐ Married or domestic partnership ☐ Separated
-

4. How is your health right now? **(Circle the answer that fits best)**

Poor Fair Good Great Excellent

5. How many grandchildren are you currently caring for?: _____

6. How long have you been caring for your grandchild(ren)?

- ☐ Less than 1 year
☐ 1-2 years
☐ 3-4 years
☐ 5-7 years
☐ 8-10 years
☐ More than 10 years
-

Continue to next page...

7. How often do you see or communicate with your son or daughter who is the parent of your grandchild?

- ☐ Several times a week
- ☐ Once or twice a week
- ☐ A few times a month
- ☐ Very rarely, but we often speak on the phone
- ☐ Very rarely, and we rarely speak on the phone

8. Does your son or daughter have legal restrictions to visitations with their child? Yes / No

If yes, please describe the restrictions: _____

9. Why did you start caring for your grandchild(ren)? (**Check ALL that apply**)

Because their parent(s)....

- ☐ used drugs and/or alcohol
- ☐ were sentenced to jail
- ☐ did not provide them with basic needs like food, water, or clean clothing
- ☐ were abusive to them
- ☐ left unexpectedly
- ☐ Other reason, please explain: _____

10. What helps support your relationship with your daughter or son? (**Check ALL that apply**)

- ☐ Individual or family therapy
- ☐ Church group or another organized support group
- ☐ Support from other friends or family members
- ☐ Kinship care program at a social service agency
- ☐ I do not receive any support for this relationship
- ☐ Other, please explain: _____

Appendix C: Interview Script

INTRODUCTION

Consent explanation: Read over the consent form and answer any questions.

The purpose of this interview is to learn more about your relationship with your adult child as you are experiencing right now. We're just trying to learn as much as we can from your perspective, and we'd really love to hear what you have to say about it. Even though you're watching over your grandchild(ren), we'd like to keep most of the focus on you and your adult child. We'd just like to learn about how everything is going between the two of you.

NATURE OF RELATIONSHIP

Can you please describe your current relationship with the parent of the grand(child) you are caring for? How often do you see each other? Why? How do these visits normally go between the two of you?

CHANGES

So said you feel that your relationship is...[going well, struggling a bit, could be better]...What I'm wondering now is how has the relationship changed since you became a kinship caregiver—if at all? Role changes? Has the relationship gotten any better or worse? In what ways?

FEELINGS

I thought it might be helpful to use a visual aid for this next question. It's a card split into two sides, a "positive feelings" and a "negative feelings" side. Can you list any feelings—positive or negative—that you have towards your child? You can write the feelings down or I can write it down for you if you'd like. We can discuss it afterwards.

PARENT ENGAGEMENT

How engaged is your child in the parenting role? In what ways?

SERVICES

Are you currently participating in any services or supports to help you manage your relationship with your child? How often? What are those experiences like for you?

What supports would be useful to you to help manage this relationship?

GRANDCHILDREN

In what ways do you think your current relationship impacts your grandchild(ren)? Is there anything else you would like to add?

Appendix D: Initial Contact Phone Script

Introduction

Hi, my name is Shannan Swaim and I'm a student at Ohio State University.

Reason for calling

I'm calling because I'm doing a study with one of the professors at Ohio State about kinship care, and the Clintonville Community Resource Center said you might be interested in participating. Do you have a few minutes to talk?

Request permission to check for qualification

If you're still interested in participating, I'd be happy to give you more information on the study and to see whether you'd qualify. Would you like to hear more about it?

If person says, "No," thank the person for her time and politely end call.

If person says "Yes," then continue.

Explanation of study

Okay, great. The study is about the relationship in kinship care between grandmothers and their adult children. There have been quite a few studies on the relationship between grandmothers and grandchildren, but not very many about your relationship with your adult child. We'd like to set up a time for you to fill out two quick surveys and then to talk, either in-person or on the phone, just to see how that relationship is going for you. We understand that it could be an emotional experience for you to talk about, but we really want to give you the chance to talk about your own life, in your own way, and we want to listen. We hope that the study will eventually help get some better services out there for grandmothers in kinship care. The study would take about an hour to complete, but we're offering participants a \$30 VISA gift card to thank you for your time. Is that something you might be interested in helping out with?

If person says, "No," thank the person for her time and politely end call.

If person says "Yes," then continue.

Qualifications

Great! Well the study does have some qualifications for who can participate. Do you mind if I ask you a few questions to see if you'd meet these qualifications?

If person says, "No," thank the person for her time and politely end call.

If person says, "Yes," then continue to ask the following questions:

1. Are you a grandmother who is *currently* in charge of caring for at least one of your grandchildren?
2. Has your son or daughter who is the birthparent of you grandchild(ren) passed away?
3. Do you communicate with your adult child, either over the phone or in-person, at least sometimes?

If person does not meet qualifications, explain why, thank the person for her time, and politely end call.

If person meets qualifications, then continue.

Willingness to participate

Perfect, you seem like a great fit for our study! So, given what I've explained about the purpose of the study, the \$30 you'd get for participating, and the amount of time it would take to be interviewed, do you think you'd want to participate in this study?

If person says, "No," thank the person and politely end conversation.

If person says, "Yes," then continue.

Scheduling a Location

That's great. Thank you so much. Well, if you have time right now, we can go ahead and schedule a time and place to meet. What would work best for you?

We could meet at the Clintonville Community Resource Center, we could meet at Panera and have a cup of coffee, or we could even meet in your own home. If none of those work, we could also do it over the phone. Would any of those options work best for you?

If person chooses a phone interview, explain the possible confidentiality risks.

Okay, we could definitely arrange a phone interview. I did want to tell you that phone interviews are a little bit more complicated when it comes to confidentiality, just because you won't be able to see exactly where I am when I call you. I will definitely make sure I am somewhere *completely* private so that nobody outside the study will be able to listen in, but you won't be able to see for sure that I'm alone. We'll both sign a confidentiality agreement, though, which will say that I must be alone when I call you. I just wanted you to be aware of this before you decide. Let me know whether or not you'd still be interested in this option.

If person says yes, then continue as normal.

If person says no, return to previous section of script to brainstorm different options.

Confirmation

Okay, so we'll go ahead and plan on meeting at _____. Would you like for me to call beforehand to give you a reminder?

Ending the call

Thank you so much for helping with this study. I really appreciate it. I will see you at _____, and thanks again for your time.

Appendix E: Clintonville-Beechwald Community Resource Center Consent to Participate in Recruitment Process



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614-268-3539

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Oct. 25, 2016

Shannan Swaim and Denise Bronson, Ph.D.
The Ohio State University College of Social Work
1947 College Road North
Columbus, OH 43210

Dear Shannan and Denise:

I have reviewed your proposal, entitled, "Am I My Child's Keeper?: Grandmothers' Relationships with their Children while they act as Primary Caregivers to their Grandchildren," and grant permission for your research team to recruit participants and conduct interviews for the study at the Clintonville-Beechwald Community Resources Center. It is understood that the study aims at learning more about grandparent-child relationships in kinship care and about resources available for this relationship. It is further understood that:

- Participation is completely voluntary and participants may withdraw from the study at any time throughout the research process without consequences.
- There are risks for participations of the study, although minimal, that include heightened emotions while retelling their stories. Risks will be minimized by fully informing participants about all components of the study, ensuring consent continuously throughout the study, and providing resources to participants if they need further assistance beyond the study.
- Confidentiality of data will be maintained by de-identifying information about participants. At no time will identifying information be included.

Sincerely,


Stephanie Baker MSW, LSW

Associate Director

The Clintonville-Beechwald Community Resources Center



Appendix F: Participant Consent Form

(Will be read to phone participants)

Study Title: Am I My Child's Keeper? Grandmothers' Relationships with their Children While They Act as Caregivers to their Grandchildren

Researcher: Shannan Swaim & Denise Bronson

Sponsor: The College of Social Work at The Ohio State University

This is a consent form for research participation. It contains important information about this study and what to expect if you decide to participate.

Your participation is voluntary.

Please consider the information carefully. Feel free to ask questions before making your decision whether or not to participate. If you decide to participate, you will be asked to sign this form and will receive a copy of the form.

Purpose: The purpose of this study is to explore your relationship with your biological child while being the primary caregiver for your grandchild, and to describe supports and stressors to this relationship.

Procedures/Tasks: The study will consist of a demographics survey and the Caregiver Wellbeing Scale assessment survey, followed by an individual interview. The assessment survey will contain questions about physical, emotional, and self-security needs, along with questions about self-care, time for self, and connectedness to others. You will then complete an individual interview to further explore your relationship with your biological child. The interview will focus on the following concepts: general nature of the grandparent-parent relationship, changes in the relationship, feelings toward the birth parent, the birth parent's parenting role, services accessed or needed, and the impact of the relationship on the grandchild. The interview will be tape-recorded and later transcribed. All identifying information will be omitted from the transcription and the audio recording will be destroyed.

Duration: It will take approximately 10 minutes to complete the questionnaires and 1-1.5 hours for the interview. You may leave the study at any time. If you decide to stop participating in the study, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. Your decision will not affect your future relationship with The Ohio State University.

Risks and Benefits: Some questions asked during the interview may cause you emotional discomfort. The knowledge gained from this study, though, could contribute to improved services for grandmother caregivers that could help strengthen relationships and provide more stability to grandchildren in kinship care. It is also possible that participants may enjoy telling their stories about being a kinship care provider.

Confidentiality: Efforts will be made to keep your study-related information confidential. However, there may be circumstances where this information must be released. For example, personal information regarding your participation in this study may be disclosed if abuse is suspected as required by state law. Also, your records may be reviewed by the following groups (as applicable to the research):

- Office for Human Research Protections or other federal, state, or international regulatory agencies
- The Ohio State University Institutional Review Board or Office of Responsible Research Practices

If completing this study over the phone, please note that confidentiality may be less secure. To strengthen confidentiality, the researcher will only complete phone interviews will in a private and secluded setting. At no time will identifying information be included.

Incentives: You will receive a \$30 VISA gift card. Receiving this gift card is not dependent on whether you complete the entire interview, as all participants are able to drop out of the study at any time if you choose to do so.

Participant Rights: You may refuse to participate in this study without penalty or loss of benefits to which you are otherwise entitled. If you are a student or employee at Ohio State, your decision will not affect your grades or employment status. If you are a client of Clintonville-Beechwold Community Center, your decision will not affect your status with this organization.

If you choose to participate in the study, you may discontinue participation at any time without penalty or loss of benefits. By signing this form, you do not give up any personal legal rights you may have as a participant in this study.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this research project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

Contacts and Questions: For questions, concerns, or complaints about the study, or you feel you have been harmed as a result of study participation, you may contact Denise Bronson, PH.D. at 614-292-1867. Dr. Bronson is the thesis advisor for this project and an associate professor at The Ohio State University. Her research has focused primarily on services to families and children with an emphasis on families served in the child welfare system.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-800-678-6251.